

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | WT | | 4/16/01 |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | ADA | 832 | 05-17-01 |
| RESPONSE FORMALITY REVIEW | Request | 925 | 08-13-01 |

BEST AVAILABLE COPY

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 — (Through numeral)... Canceled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Date | | | | |
|-------|----------|------|----|----|---|
| Final | Original | 4/08 | 01 | 11 | |
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| Claim | Date | | | | |
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| Final | Original | 81 | 82 | 83 | |
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| Claim | Date | | | | |
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| Final | Original | 81 | 82 | 83 | |
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If more than 150 claims or 10 actions
staple additional sheet here